

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007680

1. Entity Name

HANCOCK CREEK ELEMENTARY SCHOOL, P.T.O., INC.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90034 036 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O COSTELLO, SIMS & ROYSTON  
12670 NEW BRITTANY BLVD., SUITE 101  
FORT MYERS FL 33907

C/O COSTELLO, SIMS & ROYSTON  
12670 NEW BRITTANY BLVD., SUITE 101  
FORT MYERS FL 33907

2. Principal Place of Business

1601 Skyline Drive

3. Mailing Address

1601 Skyline Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Fort Myers, FL

City & State

North Fort Myers, FL

4. FEI Number

65-0975483

Applied For

Not Applicable

Zip  
33903

Country  
US

Zip  
33903

Country  
US

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ROYSTON, ROBERT D JR/  
C/O COSTELLO, SIMS & ROYSTON  
12670 NEW BRITTANY BLVD., SUITE 101  
FORT MYERS FL 33907~~

Name  
Barbara Amburgey

Street Address (P.O. Box Number is Not Acceptable)  
1601 Skyline Drive

City  
North Fort Myers

FL Zip Code  
33903

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Barbara Amburgey* Barbara Amburgey

4/28/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SWEENEY, ROBERT  
CITY-ST-ZIP 4403 TEASDALE DRIVE  
NORTH FORT MYERS FL 33903

TITLE ☐ Change ☒ Addition  
NAME VP  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS AMBURGEY, BARBARA  
CITY-ST-ZIP 6191 CASTLEWOOD CIRCLE  
FORT MYERS FL 33905

TITLE ☐ Change ☒ Addition  
NAME S  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BELLER, BETH  
CITY-ST-ZIP 1648 MANSVILLE TERRACE  
NORTH FORT MYERS FL 33903

TITLE ☐ Change ☒ Addition  
NAME T  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME D, P  
STREET ADDRESS Sherrie Shamon  
CITY-ST-ZIP 1702 SE 21st Terrace  
Cape Coral, FL 33990

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sherrie Shamon* SHERRIE SHAMON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date

941-995-3600

Daytime Phone #

CR2E037 (9/99)